

Applicant or Patentee: Ronald Vogels; Govert J. Schouten; Abraham Bout

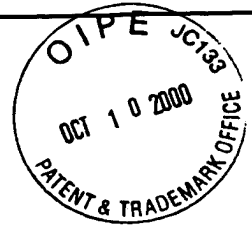
Attorney Docket No. 3982.2US

Serial No.: 09/517,898

Filed: March 3, 2000

For: MEANS AND METHODS FOR FIBROBLAST-LIKE OR MACROPHAGE-LIKE CELL TRANSDUCTION

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY  
STATUS (37 C.F.R. §§ 1.9(f) and 1.27 (c)) - SMALL BUSINESS CONCERN



I hereby declare that I am

- ☐ the owner of the small business concern identified below:  
☒ an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN: IntroGene B.V.

ADDRESS OF CONCERN: Wassenaarseweg 72, 2333 AL Leiden, The Netherlands

I hereby declare that the above-identified small business concern qualifies as a small business concern as defined in 13 C.F.R. § 121.3-18, and reproduced in 37 C.F.R. § 1.9(d), for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled "MEANS AND METHODS FOR FIBROBLAST-LIKE OR MACROPHAGE-LIKE CELL TRANSDUCTION" by inventor(s) Ronald Vogels; Govert J. Schouten; Abraham Bout described in

- ☐ the specification filed herewith.  
☒ application serial no. 09/517,898, filed March 3, 2000.  
☐ patent no. \_\_\_\_\_, issued \_\_\_\_\_.

If the rights held by the above-identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below\* and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 C.F.R. § 1.9(c) if that person made the invention or by any concern which would not qualify as a small business concern under 37 C.F.R. § 1.9(d) or a nonprofit organization under 37 C.F.R. § 1.9(e).

\*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 C.F.R. § 1.27)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

☐ Individual

☐ Small Business Concern

☐ Nonprofit Organization

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

☐ Individual

☐ Small Business Concern

☐ Nonprofit Organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate (37 C.F.R. § 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING: Domenico Valerio

TITLE OF PERSON OTHER THAN OWNER: President and CEO

ADDRESS OF PERSON SIGNING: Wassenaarseweg 72, 2333 AL Leiden, The Netherlands

SIGNATURE: \_\_\_\_\_

DATE: 01-09-2000



**Declaration and Power of Attorney Patent Application  
(Design or Utility)**

As a below named inventor, I hereby declare that:

#10

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: "Means and methods for fibroblast-like or macrophage-like cell transduction"

the specification of which

- ☐ is attached hereto  
x was filed on March 3, 2000, as application serial no. 09/517,898 and or PCT International Application number and was amended on (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information know to me to be material to patentability as defined in 37 C.F.R. §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or 35 U.S.C. §365(b) of any foreign application(s) for patent or inventor's certificate, or 35 U.S.C. §365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below any foreign application for patent or inventor's certificate of PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)		
Number	Country	Day/Month/Year Filed
Number	Country	Day/Month/Year Filed
Number	Country	Day/Month/Year Filed

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below:

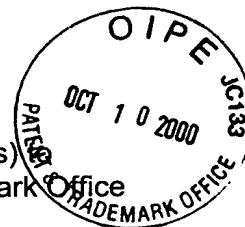
Prior Provisional Application(s)	
Serial Number	Day/Month/Year Filing Date
Serial Number	Day/Month/Year Filing Date
Serial Number	Day/Month/Year Filing Date

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s), or under 35 U.S.C. §365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to me to be material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application:

Prior U.S. or International Application(s)		
Serial Number	Day/Month/Year Filed	Status (patented, pending, abandoned)
Serial Number	Day/Month/Year Filed	Status (patented, pending, abandoned)
Serial Number	Day/Month/Year Filed	Status (patented, pending, abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. §1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

## Power of Attorney



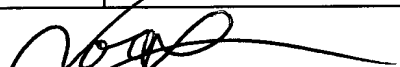
As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

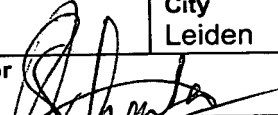
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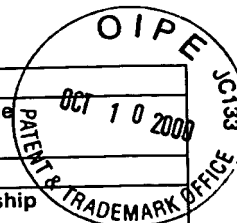
I hereby authorize them or others whom they may appoint to act and rely on instructions from and communicate directly with the person/organization who/which first sends this case to them and by whom/which I hereby declare that I have consented after full disclosure to be represented unless/until I instructed otherwise.

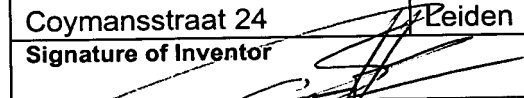
Please direct all correspondence in this case to at the address indicated below:

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Post Office Address		
Street Address	City	State & Zip Code or Country
Signature of Inventor		Date

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Family Name	First Given Name	Second Given Name
Residence and Citizenship		
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Post Office Address		
Street Address	City	State & Zip Code or Country
Signature of Inventor		Date